

JUN 09 2015

FCC Mail Room

EX PARTE OR LATE FILED

# GRAYS HARBOR COMMUNITY HOSPITAL

*Quality care close to home*

Honorable Tom Wheeler, Chairman  
Honorable Mignon Clyburn, Commissioner  
Honorable Jessica Rosenworcel, Commissioner  
Honorable Ajit Pai, Commissioner  
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, D.C. 20554

DOCKET FILE COPY ORIGINAL

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Director of Plant Services of Grays Harbor Community Hospital. Grays Harbor Community Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Grays Harbor Community Hospital is located in Aberdeen, a relatively rural area in Washington. The primary hospital building 4 stories tall and our wireless telemetry system is installed throughout the building including our Medical/Surgical, Pediatric, Obstetric, Emergency, and Critical Care areas as high as the 4<sup>th</sup> story of the hospital. Our hospital was built in 1968 and our Medical/Surgical, Pediatric, Obstetric and Critical Care patient rooms feature wide glass windows.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for fetal monitoring and cardiac rehabilitation. As a general matter, our WMTS system allows a single nurse or telemetry technician to monitor as many as 24 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device and thus could not be relied upon to provide reliable monitoring of our patients, our nursing staff and patients

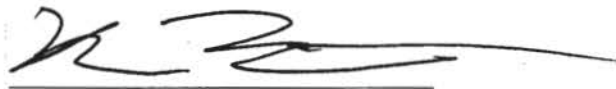
would undergo a considerable hardship. In the immediate interference, the risk to patient safety would rise dramatically as doctors and nurses would not have access to a patient's cardiac information delaying responses and treatment. If a patient were to enter a cardiac event in the immediate interference there would be a high risk of patient injury or mortality. Beyond the immediate event, persisting or intermittent interferences would create substantial difficulties for the hospital and nursing staff. As it stands, we do not have additional equipment on hand in our Medical/Surgical and Pediatric areas which perform the same function as our WMTS telemetry units. Because of this, patients may have to be moved to departments which do have equipment to monitor heart rhythms such as our CCU and Emergency departments while the hospital spends considerable funds to rent or purchase monitoring equipment to fill in for the duration of the interference or to have on standby in the event of repeated interference. Additionally nursing staff would come under the burden of significantly more patient rounding in order to meet the same level of care our WMTS telemetry provides. Whereas our WMTS telemetry allows our hospital to provide low cost continuous patient monitoring, these measures which would have to be undertaken to manage interferences would be more costly and less timely.

It is for these reasons that we seek the Commission's assurance that the rules adopted will assure against any interference to the WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

A handwritten signature in dark ink, appearing to read 'K. Kajita', with a horizontal line drawn underneath it.

Kevin Kajita  
Director of Plant Services  
Grays Harbor Community Hospital